

ISSUE SLIP STAPLE AREA (for assembly)			
POSITION	INITIALS	ID NO.	DATE
TERMINATION			
CLASSIFIER			
LITY REVIEW			
USE FORMALITY REVIEW	<i>[Signature]</i>	54667	5/9/01

INDEX OF CLAIMS		
.....	Rejected	N Non-elected
✓	Allowed	I Interference
=	Canceled	A Appeal
1	Restricted	O Objected
10 (Through numeral).....		

Date		Final	Original
7	✓	5	5
8	✓	5	5
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Claim		Date	
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Claim		Date
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BEST AVAILABLE COPY

(LEFT INSIDE)